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Commission on Narcotic Drugs

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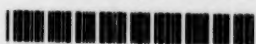
Agenda Item 9

Preparations for the special session of the General

Assembly on the world drug problem to be held in 2016

Written statement submitted by IOGT International

The Secretary-General has received the following paper, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.



IOGT International Statement, 59th session of the Commission on Narcotic Drugs*

IOGT International members — 125 NGOs from 54 countries — work with all aspects of drug-related harm: they conduct advocacy, prevention, treatment and rehabilitation, as well as social work programs on grass-roots, national, regional and global level. Please allow me to start by congratulating and thanking the UNGASS board and the Commission on Narcotic Drugs for the inclusive and constructive manner in which the outcome document has been drafted, and for how civil society has been engaged. Our members from communities around the world are appreciative of the opportunity to take part in the process.

Our contributions are focused on sharing evidence-based, high-impact solutions. In that spirit, please allow me to present 5 priorities for UNGASS:

(1) A child-centred approach

What works is a commitment to drug control policies that are balanced, comprehensive and integrated, with a focus on individual and public health and carried out with respect for human rights. A Human Rights-based approach must comprise child rights.

The primacy and universality of the Best Interest principle stipulated by the Convention on the Rights of the Child means that general drug policy-making shall be child-centred — as opposed to adult-centred or user-centred.

We urge governments to make the Best Interest of the child a primary consideration in all policy making that affects children, even in areas, which at first might seem to have nothing to do with children.

UNGASS should generate government commitment to create enabling environments for protecting children from drug use. For this to happen the most conducive policy goal is to ensure a sustainable reduction of drug use — I will come back to that in the end.

(2) Putting development perspective at the core

Last September the Sustainable Development Goals have been adopted. Just last week, even the indicators for measuring progress have been agreed. As UNODC's World Drug Report shows, the development perspective matters because harm caused by illicit drugs has significant impact on peace, security and development.

Therefore, UNGASS needs to build on the Agenda 2030, especially by taking into account the conditions and needs of populations in developing countries.

From experience within our worldwide network, we know that Alternative Development can work, particularly when initiatives are integrated into broader agendas and driven by a long-term vision, sustained with funding and political support. Best practices show that when Alternative Development is approached comprehensively, it has the potential to break the vicious cycle trapping poor farmers. Alternative Development should become a catalyst for viable livelihoods

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that do not depend on illicit cultivation. Furthermore, discussions about the world drug problem should no longer be dominated by Western experts, focused on Western solutions to Western problems.

We encourage governments to use the opportunity of UNGASS and the SDGs to facilitate dialogue that addresses drug use issues in the global south. This is uniquely important because experience shows that substance use, whether alcohol or other drugs, has stronger negative consequences for poor and marginalized people than for those in more affluent groups.

We urge governments to put a high priority on assuring that substance use in developing countries does not increase to the levels that exist in Western countries.

We know that many risk factors and circumstances that render people more vulnerable to illicit drugs can be prevented. Putting a development perspective at the core means to work with communities and identify solutions that integrate measures to prevent as well as to reduce harm.

(3) A public health approach

According to data available, there has been little change in the overall global situation regarding the production, use and health consequences of illicit drugs.

Working in communities for the prevention and reduction of drug-related harm, we are mindful of the fact that health consequences of illicit drug use continue to be a matter of concern, as the vast majority of problem drug users continue to have no access to treatment. Access to treatment and support on the road to recovery are essential public health cornerstones, which need to be part of any strategy to tackle the world drug problem.

But clearly, drug use is not only a health issue that affects the individual user; it is also a public health issue. The overall positive health benefits of population-based approaches far exceed those that are available only from clinical interventions on the individual level. UNGASS should reinvigorate WHO's definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Such an approach brings benefits for individual users, families, communities and the general public. With regard to the use of illicit drugs it is clearly evident that it restricts the freedom and limits the well-being of everyone, including the user.

Therefore an evidence-based approach to the world drug problem highlights public health-oriented policies that serve both to define and to understand structural causes of drug use within a society and help to determine interventions that can prevent and reduce drug-related harm at population level.

We urge governments to address risk factors on a population level and in this way improve both the wellbeing of individuals and populations.

(4) Prevention first

Preventing problems from occurring or expanding represents by far the best approach to reducing drug-related harm. The "Prevention-first" approach holds four major benefits:

It is the most cost-effective, the most sustainable, the most people-empowering, and the most humane policy option, especially for extremely vulnerable groups such as children, women, or people from socio-economically deprived settings.

Prevention first, however, does not mean prevention only, and it does not mean demand reduction only. Prevention is more: It can ensure that children and youth, especially the most marginalized and poor, grow and stay healthy and safe into adulthood and old age.

For every dollar spent on prevention, at least ten can be saved in future health, social and crime costs. Thus we encourage governments to make prevention the cornerstone of the response to drug problems because prevention aims for the healthy and safe development of children and youth to realize their talents and potential becoming contributing members of their community and society.

Needless to say, we do not think that strategies to prevent harm and strategies to reduce harm are mutually exclusive. Such a polarization is not helpful in tackling the global drug problem. In fact, evidence from our work around the world shows that human rights-based, and evidence-based measures to reduce harm to drug users and their surroundings do in fact hold preventive potential, too.

That is why we urge governments to improve the categorization of prevention programs in the draft outcome document for UNGASS, referencing the specific role of universal, environmental, selective, and indicated prevention strategies.

(5) New momentum

Tackling the world's drug problem requires strong international collaboration. The World Drug Report shows that illicit drug use has in fact remained stable. It is estimated that a total of 246 million people, or 1 out of 20 people between the ages of 15 and 64 years, used an illicit drug in 2013. The magnitude of the world drug problem becomes more apparent when considering that more than 1 out of 10 drug users is a problem drug user, suffering from drug use disorders or drug dependence.

An unacceptable number of drug users worldwide continue to lose their lives prematurely, with an estimated 187,100 drug-related deaths in 2013. To understand the extent of the global drug problem, let's consider the global problem caused by legalized drugs: every year more than 9 million people die because of alcohol and tobacco every year.

Understanding the global burden posed by alcohol and tobacco clearly indicates that legalization of illicit drugs will not protect the individual, families, communities or society at large from drug-related harm. The real effect of legalization — some of which can already be seen playing out — can be fully measured only after commercial industries come onto the scene, aggressively pushing for ever wider availability of their harmful products. The alcohol and tobacco industry are already undermining and opposing public health regulations. Big Marijuana will only make it harder for United Nations agencies, governments and civil society organizations to protect lives and promote public health and sustainable development.

Not one death from harmful substances is acceptable, especially because we have the tools to largely prevent them.

Therefore, IOGT International suggests a global commitment to reduce the use of illicit drugs by 30 per cent until 2030, when the SDGs will be re-evaluated.

We believe that with renewed commitment and new momentum created at UNGASS, this is a bold but achievable goal. With the approaches and solutions we are suggesting, and building on existing work and evidence, we look forward to work with governments and civil society partners at UNGASS and beyond.



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Written statement submitted by EURAD

The Secretary-General has received the following paper, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.



EURAD Written Statement, 59th Commission of Narcotic Drugs, 2016, Vienna*

EURAD is an ECOSOC registered NGO, of over 50 grassroots organizations who deliver drug prevention, treatment, recovery, alternative sentencing and rehabilitation programmes across Europe and beyond.

In advance of the United Nations General Assembly Special Session (UNGASS) on drugs, we would like to take the opportunity to deliver some feedback and recommendations for the final outcome document.

The comments below refer to the version, as of 25th February 2016.

1. General Commentary on the UNGASS Outcome Document

A. EURAD welcomes the description of the world drug problem as a common and shared responsibility¹ and the continued support for the United Nations Drug Conventions and the relevant United Nations bodies as the cornerstones of global drug control system.² We are pleased to see the goals of health, safety and well-being³ highlighted in the document along with a recognition that human beings should be placed at the centre of drug policies⁴ and that drug policy should be in full conformity with human rights and international law.⁵

B. We welcome the holistic approach to the global drug problem reflected in the draft document. We were particularly pleased to see due reference to the underlying social and economic causes of the world drug problem,⁶ which has been backed up by clear operational recommendations related to prevention,⁷ drug-related crime⁸ and alternative development.⁹

C. We welcome the new additions that have been made to outcome document, in respect of the needs of women, children and young people, including the need to mainstream gender and age-perspectives in programmes related to drug issues.¹⁰

D. We strongly agree with the emphasis on prevention in the draft document. We are happy to see a broad perspective on prevention that covers protection from illicit drug use and information about risks, but also an emphasis on life skills, parents and family environments, access to recreational activities and opportunities for education and vocational training.¹¹

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All references are to the DRAFT OUTCOME DOCUMENT UNGASS 2016 (REVISED 25TH FEBRUARY 2016)

¹ Paragraph 6.

² Paragraph 8 and 16.

³ Paragraph 3 and 25 a.

⁴ Paragraph 11.

⁵ Paragraph 7.

⁶ Paragraph 20.

⁷ Paragraph 22 a.

⁸ Paragraph 24 a.

⁹ Paragraph 28 b.

¹⁰ Paragraph 12.

¹¹ Paragraph 22 a and d.

E. We support the aim of promoting “a society free of drug abuse”¹² as the desired outcome of drug policies and programmes. Similarly ambitious visions can be seen in other areas, such as in the fields of HIV/AIDS, tobacco related illnesses and obesity.¹³

F. We are pleased that the latest outcome document recognises drug dependence as a treatable multi-factorial health disorder that should be addressed with evidence-based treatment, care and rehabilitation.¹⁴ We welcome the commitment to ensure non-discriminatory access to a wide range of interventions as well as to aftercare, rehabilitation, recovery and social integration.¹⁵

G. We are pleased to see that the latest outcome document recognises the role of recovered users in the development and implementation of wider drug prevention programmes, in reducing stigma and encouraging treatment seeking.¹⁶ However, support and training may be required to fully release this potential.

H. We welcome the references to the Sustainable Development Goals in the draft document¹⁷ and the recognition of the complementary and mutually reinforcing goals of global drug policy and the Sustainable Development Goals.

I. We welcome the chapter on alternative development in the draft outcome document, and we are particularly happy to see a broad understanding of development that emphasises inclusive economic growth, strengthening the rule of law and institutional frameworks, improved infrastructure and access to global trade markets.¹⁸ We strongly support the recommendation that the success of alternative development programmes should be measured by wider human development indicators, rather than just crop eradication.¹⁹

J. We strongly support the inclusion in the latest draft that civil society entities should be “enabled to play a participatory role in the development and implementation of drug policies and programmes.”²⁰

2. Areas of Potential Improvement in the UNGASS Outcome Document

In regard to the revised outcome document, as of 25th February 2016, we would like to make the following suggestions:

A. EURAD welcomes a stronger emphasis on health in global drug policy. Despite some improvements, a majority of the world's population does not have access to essential medicines. We would like to see a strong role for the World Health Organization in the area of access to essential medicines.

B. Whilst we are extremely supportive and pleased with the inclusion of alternative²¹ and proportionate sentencing for drug-related offences. However, we

¹² Paragraph 4.

¹³ Reference to the “Getting to Zero” target in HIV/AIDS and the 2025 WHO target of no increase in obesity beyond 2010 levels.

¹⁴ Paragraph 22 f.

¹⁵ Paragraph 22 h.

¹⁶ Paragraph 22 c and g.

¹⁷ Paragraphs 10, 27 d, 28 c and e.

¹⁸ Paragraph 28b.

¹⁹ Paragraph 28e.

²⁰ Paragraph 18.

remain concerned that the use of the death penalty for drug-related offences is not addressed in the draft outcome document.

C. We would like to see a reference to the needs and role of parents, families and significant others of people who use drugs in treatment, rehabilitation and recovery.

D. We strongly welcome the focus on alternative development in the current draft. However, we are concerned about the reduction in funding for alternative development in recent years, and would like to see the good recommendations backed up by expertise and financial support.

E. The categorisation of prevention programmes in Point 22b could be improved with reference to the specific role of universal, environmental, selective and indicated prevention programmes.

F. Strengthening the reference to the Convention of the Rights of the Child by changing the final sentence of Point 25c to “and, as State Parties, reiterate our commitment to protect children from illicit drug use by fully implementing the obligations stemming from Article 33 of the Convention on the Rights of the Child”.

G. We are concerned with the legalisation of recreational and medical use of cannabis in several jurisdictions and encourage Member States to ensure conformity with the United Nations Drug Conventions.

H. We are concerned with the many qualifications and reservations in the draft document. For instance, the draft document notes that State Parties should “consider providing information”²² on several topics instead of committing to do so. We would like to see measurable and tangible outcomes from UNGASS 2016, however, we are worried that the text will be further diluted in the final states of the negotiations.

3. Our Role in the UNGASS 2016 Process and Civil Society Task Force

EURAD has been a representative of Western Europe in the Civil Society Task Force. We have supported the development of the Civil Society Global Survey and have organized three regional civil society consultation events, which were hosted in Brussels and Oslo.

Throughout our consultations, we consulted with 214 individuals, representing 181 different organizations and 35 different countries. We would like to thank Actis, Norway and Dianova International for their assistance in the sponsorship of the consultation events which made them possible. The consultation reports are available for download from the www.ungass2016.org website.

²¹ Paragraphs 25g and 25i.

²² Paragraphs 25e and 25h.



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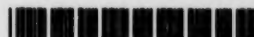
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Written statement submitted by Turkish Green Crescent Society

The Secretary-General has received the following paper, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.



Written Statement by Turkish Green Crescent Society*

Introduction

Turkish Green Crescent is an organization with ECOSOC special consultative status, and working on all aspects of addiction through advocacy, prevention and rehabilitation practices at national and international levels. With the support of extensive network of our 102 local branches, we endeavour to promote public health and preventive works across Turkey and beyond borders with branches in 30 countries. In the 59th Session of the Commission on Narcotic Drugs, it is our privilege to address and deliver the priorities of our organization concerning the UNGASS 2016.

Public Health

The world has seen the necessity of a switch from punitive actions to more public health-oriented responses to drug users. As opposed to legal sanctions which include criminal punishment or strong penalties for drug users, public health approach, essentially focusing on promoting drug prevention, treatment, and recovery, should be adopted through community and evidence-based programmes. Any act of discrimination, stigmatization or labelling to drug users should no longer be acceptable.

The prevention strategies have proven to be critically important to promote the health for the communities especially the young population which has the highest risk to develop dependency and drugs and other substances. We believe that all states should establish and develop drug abuse prevention policies, programmes or systems, which are compatible with International Standards.

We support the drug policies built upon effective and community-based prevention strategies. We urge public health oriented policies that are centred on prevention as the best intervention to reduce drug-related harms to individuals. governments to develop public health-oriented policies that are centred on prevention as the best intervention to reduce drug-related harms to individuals.

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